

Somerset County

- a. Order for Appointment of
Counsel for Minor Children**
- b. Order Regarding Family
Services Fees**

Plaintiff

* IN THE CIRCUIT COURT

* FOR SOMERSET COUNTY

v.

* STATE OF MARYLAND

Defendant

* CIVIL CASE NO. 19-C-12-XXXXXXXXXX

* * * * *

ORDER FOR APPOINTMENT OF COUNSEL FOR MINOR CHILD/REN

This matter having come before the Court, it is this _____ day of _____, 2012, by the Circuit Court for Somerset County, Maryland;

ORDERED, that _____, Esquire, (410)_____, who has consented to this appointment, is appointed to represent the minor child, _____ (DOB _____), before this Court, in this matter in the following capacity:

☐ *Child's Privilege Attorney* ☐ *Child's Advocate Attorney* ☐ *Child's Best Interest Attorney*

A Child's Privilege Attorney shall decide whether to assert or waive, on behalf of a minor child, any privilege that the child if an adult would be entitled to assert or waive pursuant to *Nagle v. Hooks*, 296 Md. 123(1983).

A Child's Advocate Attorney shall provide independent legal counsel for a child, owing the child the same duties of undivided loyalty, confidentiality, and competent representation as are due an adult client. The attorney shall represent the child in a normal attorney-client relationship, with authority to waive or assert any patient privilege on behalf of his/her client(s).

A Child's Best Interest Attorney shall be appointed by a court for the purpose of protecting a child's best interests, without being bound by the child's directives or objectives. The attorney shall make an independent assessment of what is in the child's best interest and advocates for that before the court, even if it requires the disclosure of confidential information. The best interest attorney shall ensure that the child's position is made part of the record whether or not different from the position that the attorney advocates.

The attorney shall perform the duties required in conformity with the Maryland Rules of Professional Conduct, including the duty of confidentiality and those duties imposed under Rule 1.14 thereof, if applicable, as well as the *Maryland Guidelines for Practice for Court-Appointed Lawyers Representing Children in Cases Involving Child Custody or Child Access*. The attorney may not be compelled to testify in these proceedings. The attorney hereby appointed shall be treated by all parties as counsel of record for the minor child; and, it is further

ORDERED that the attorney appointed above, representing the child named above, shall have immediate access to such child, and to all otherwise privileged or confidential information regarding such

child, without the necessity of any further order or release. Such information includes but is not limited to social services, drug and alcohol treatment, medical, evaluation, law enforcement, school, probation and court records, records of trusts and accounts of which the child is a beneficiary, and other records relevant to the case, including court records of parties to this case or their household members.

Mental health records that are privileged or confidential under state or federal laws shall be released to the attorney *only* in accordance with such laws; and, it is further

ORDERED that the representative's services are to be compensated in the following manner:

- [] ***Payment into Escrow Account.*** The Plaintiff is hereby directed to pay the sum of \$500 within 30 days of this Order to the Clerk of the Court for Somerset County for the appointed representative's initial contribution toward the fees in performing these services. The Defendant is hereby directed to pay the sum of \$500 within 30 days of the date of this Order to the Clerk of the Court for Somerset County for the appointed representative's initial contribution toward the fees in performing these services. A final allocation of fees will be determined by the Court at the hearing on the merits of the case, or upon motion. No disbursement from the Escrow Account may be made without Order of court. The representative for the child shall be entitled to charge an hourly fee for services not to exceed \$100.00. The appointed representative shall initially expend no more than then (10) hours in the course of his representation. In the event the appointed representative believes additional time is needed he shall seek the approval of the Court.

FAILURE TO COMPLY WITH THIS PROVISION OF THE ORDER MAY RESULT IN DISMISSAL OF THE CASE, PROCEEDINGS FOR CONTEMPT OR ANY OTHER SANCTION PERMITTED BY LAW.

- [] ***Pro Bono Representation.*** By way of consent, the representative for the child shall provide these services *pro bono publico*.

- [] ***Fee Waiver and Court Compensation.*** The Court waives the parties' obligation to make advance payment for child representation. The child representative may submit a bill for services to the Court at the conclusion of the case, or earlier upon motion. Unless otherwise authorized by Court order, the Court will compensate the representative for services at an amount not to exceed \$100.00 per hour, up to a maximum of \$1,000.00. The Court may consider the entry of a further order requiring the Plaintiff and/or Defendant to pay all or a portion of the billed representative's fees. Services rendered by the representative that would require payment over that amount contributed by the Court and/or ordered to be paid by the parties shall be rendered *pro bono publico*; and, it is further

ORDERED, that the attorney representing the minor child shall file a final Petition for Fees with the Court not later than thirty (30) days after the final disposition of the case. The attorney shall also certify copies to the parties and their counsel of record; and it is further

ORDERED, that this appointment, unless otherwise ordered by this Court, shall terminate after 30 days from the entry of a final Custody Order.

JUDGE

Master for Domestic Relations Date

* IN THE
 *
 * CIRCUIT COURT
 *
 * FOR
 *
 * Somerset County
 *
 * Civil No.:
 *

 Plaintiff
 v.

 Defendant

* * * * *

ORDER REGARDING FAMILY SERVICES FEES

Upon consideration of the Motion for Waiver of Family Services Fees and Supporting Affidavit filed by _____ in this matter, it is this _____ day of _____, _____, by the Circuit Court for Somerset County, Maryland hereby

- ☐ ORDERED, that the Motion is DENIED.
- ☐ ORDERED, that the Motion is GRANTED and all fees for which a waiver has been requested have been waived.
- ☐ ORDERED, that the Motion is GRANTED and all fees for which a waiver has been requested have been waived. The services shall be provided as originally required by the following method:

<u>SERVICE</u>	<u>FEE TO BE PAID FROM</u> <u>FAMILY SERVICES FUNDS</u>	<u>SERVICE TO BE</u> <u>PROVIDED PRO BONO</u>
<input type="checkbox"/> co-parenting education	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> custody/visitation mediation	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> other mediation	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> custody evaluation / home study	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> mental health evaluation	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> visitation services	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> anger management counseling	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> counsel for a minor child	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/>

JUDGE

REVISED: 4/9/2007

Plaintiff

v.

Defendant

IN THE

CIRCUIT COURT

FOR

Somerset County

Civil No.:

**MOTION FOR WAIVER OF FAMILY SERVICES FEES
AND SUPPORTING AFFIDAVIT**

I, _____, representing myself, state that:

1. I am a party in this matter and have been ordered by the Circuit Court for Somerset County, Maryland to participate in or pay for the following services for which a fee has been assessed:

<u>SERVICE</u>	<u>FEE WHICH I HAVE TO PAY</u>
[] co-parenting education	\$
[] custody/visitation mediation	\$
[] other mediation	\$
[] custody evaluation / home study	\$
[] mental health evaluation	\$
[] visitation services	\$
[] anger management counseling	\$
[] counsel for a minor child	\$
[] Other: _____	\$
[] Other: _____	\$

2. I do not have sufficient funds or assets which could be used to pay the fees above.
3. The attached affidavit is incorporated herein.

WHEREFORE, I respectfully request that this Court waive the fees listed above and grant such other and further relief as this Court deems proper and just.

Respectfully submitted,

Sign Your Name Here

REVISED: 4/9/2007

AFFIDAVIT

I represent to the Court that the following statements and answers to the following questions are true:

I hereby certify that:

1. I have the following amount of money in my bank accounts, investments or personal possession: \$ _____

2. **Information About Automobiles.** (Check all that apply).

☐ I do not own an automobile.

☐ I own the following automobiles:

Make - _____ Model - _____ Year - _____

Make - _____ Model - _____ Year - _____

☐ The car(s) IS in my possession.

☐ The car(s) IS NOT in my possession. It is:

I owe \$ _____ on the car to _____ (Lender).

3. **Information About Other Vehicles.** I own the following other vehicles (boats, cars, trucks, recreational vehicles, motorcycles, etc.).

I owe the following amount on those vehicles: \$ _____

4. **Real Estate.** I own the following real estate (List type and location):

5. **Other Property.** I own the following additional property (List type and location):

6. **Debts I Owe.** I owe the following debts:

\$ _____	To: _____
\$ _____	To: _____
\$ _____	To: _____
\$ _____	To: _____

7. **Money Owed to Me.** The following owe me money:

Who: _____	Address: _____	Amount: \$ _____
Who: _____	Address: _____	Amount: \$ _____
Who: _____	Address: _____	Amount: \$ _____

REVISED: 4/9/2007

8. Employment Income.

- a. Name of Employer: _____
- b. Job Position: _____
- c. How often are you paid? _____
- d. Gross pay each pay period: _____

9. Other Family Income. I or a member of my household also receive the following additional income PER MONTH *(Include ALL income earned by yourself, in addition to that listed in Paragraph 8, or income which is received by any other member of your household):*

10. Household Size. The total number of persons residing in my household is _____, including my spouse or partner, children who reside with us, extended family members or other residents.

11. Expenses.

- ☐ **Child Support.** I pay child support for _____ children. The total amount of child support which I pay each month is: \$ _____.
- ☐ **Alimony.** I pay \$ _____ in alimony each month.
- ☐ **Other Extraordinary Expenses.** I have the following additional extraordinary expenses *(please explain)*:

12. Other Information. I would like the Court to know the following additional information in considering my request for a family services fee waiver:

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT.

Notary Public

Sign Your Name Here in the Presence of a Notary Public

Date
Date Commission Expires:

Date

REVISED: 4/9/2007

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, I
mailed a copy of this Motion for Waiver of Family Services Fees and Supporting Affidavit to the
following by ordinary U.S. Mail, postage prepaid:

Name of Opposing Party or their Counsel

Address

City, State, Zip

Sign Your Name Here

**Somerset County Circuit Court
Family Services Grant Program Policies
Attn: Karen R. Brimer, Coordinator
P.O. Box 279 Princess Anne, MD 21853
(410)621-7582**

When the parties are requesting the form for a *Motion of Family Services Fees and Supporting Affidavit*, one or more of the following **MUST** be included or the request will be denied:

- ☐ Federal income tax return or current pay stub(s)]
- ☐ Proof of unemployment benefits
- ☐ Child support court order NOT involved in this case
- ☐ Proof of public assistance